

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 0 — 0 3 7

2. STATE:

Louisiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment) —

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447.201; 447.304

7. FEDERAL BUDGET IMPACT:

a. FFY 2000 \$ 953.59b. FFY 2001 \$ 3854.43

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Item 4b, Page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

SAME (TN 00-07) Pending

10. SUBJECT OF AMENDMENT: The purpose of this amendment is to restore the seven percent (7%)
reduction previously made in the reimbursement rates for EPSDT services including screenings,
consultations with Nurses, Dietitians, or Social Workers, dental services, and rehabilitation
services.

11. GOVERNOR'S REVIEW (Check One):

- ☐
- GOVERNOR'S OFFICE REPORTED NO COMMENT
-
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
-
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: The Governor does
not review state plan material.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

David W. Hood

14. TITLE:

Secretary

15. DATE SUBMITTED:

September 25, 2000

16. RETURN TO:

State of Louisiana
Department of Health and Hospitals
1201 Capitol Access Road
P.O. Box 91030
Baton Rouge, LA 70821-9030

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

09-29-00

18. DATE APPROVED:

JUNE 6, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JULY 1, 2000

20. SIGNATURE OF REGIONAL OFFICIAL:

Calvin G. Cline

21. TYPED NAME:

CALVIN G. CLINE

22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR
DIV OF MEDICAID AND STATE OPERATIONS

23. REMARKS:

RECEIVED

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

ATTACHMENT 4.19-B
Item 4.b. Page 1

PAYMENT OF MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1902(A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION Medical and Remedial Care and Services Item 4.b.

42 CFR

447.201 and Early and Periodic Screening and Diagnosis of Individuals under 21 Years of Age and Treatment
447.304 of Conditions Found Is Reimbursed as follows:

I. Basic EPSDT Services

- A. **Screening (Vision, Hearing, Dental, Medical) - Full and Interperiodic Screening** (including immunizations) is reimbursed according to a schedule of fees available in the EPSDT KidMed Provider Manual and Provider Updates minus any third party coverage.

A		B
STATE <u>Louisiana</u>	DATE REC'D <u>9-29-00</u>	
	DATE APP'D <u>6-6-01</u>	
	DATE EFF <u>7-1-00</u>	
HCFA 179	<u>00-37</u>	

Consultation With Nurse, Dietitian, or Social Worker is reimbursed according to a schedule of fees available in the EPSDT KidMed Provider Manual and Provider Updates minus any third party coverage.

Dental Services under the EPSDT program are reimbursed at the lower of:

1. the dentist's billed charges, or
2. the State's established schedule of fees available in Provider Updates and the Dental Services Manual minus any third party coverage.

Eyeglass Services are reimbursed subject to upper limits for payment of eyeglasses (including cataract eyeglasses and contact lenses) described in the Professional Services Provider Manual and Provider Updates.

Hearing Aid Services are reimbursed at the lower of:

1. the provider's actual charge for the services, or
2. the allowable fee for similar services covered under the State Plan.

- F. **Rehabilitation Services** are reimbursed at the maximum allowable fee for occupational, physical, and speech therapy services according to the State's established schedule of fees available in the EPSDT Health Services Manual and Provider Updates minus any third party coverage.

SUPERSEDES: TN - LA 00-07

TN# 00-37 Approval Date 6-6-01 Effective Date 7-1-00

Supersedes

TN# LA 00-07